

EXHIBIT B

to

Order Granting Preliminary Approval of
Class Action Settlement

YOUR CLAIM MUST BE SUBMITTED BY [INSERT DATE]

**EXHIBIT B
CLAIM FORM**



[Borrower's name]

[Mailing Address]

[City, State, Zip]

[Insert Property Address]

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT

PLEASE FULLY COMPLETE THIS CLAIM FORM AND SIGN IT BELOW. INCOMPLETE CLAIM FORMS WILL BE DEEMED INVALID AND THE CLAIM MAY BE DENIED.

IF MORE THAN ONE PERSON IS A BORROWER ON THE LOAN, THEN ALL BORROWERS MUST COMPLETE AND SIGN THIS CLAIM FORM.

IF ONE OR MORE OF THE BORROWERS ARE DECEASED, PLEASE SEE ACCOMPANYING INSTRUCTIONS.

AS EXPLAINED IN THE ACCOMPANYING INSTRUCTIONS, CLAIMANTS REQUIRED TO SUBMIT IDENTITY VERIFICATIONS AND AFFIDAVITS CAN ACCESS SAMPLE FORMS ON THE SETTLEMENT WEBSITE: www.GrayFinancialFreedomSettlementInfo.com.

OUR RECORDS INDICATE THAT FINANCIAL FREEDOM CHARGED YOU FOR THE PREMIUM ON A HAZARD OR WIND-ONLY LENDER-PLACED INSURANCE POLICY COVERING YOUR RESIDENTIAL PROPERTY BETWEEN FEBRUARY 2, 2012 AND JULY 31, 2018. IF THIS IS CORRECT, AND YOU WISH TO RECEIVE A PARTIAL REFUND OF YOUR PREMIUM CHARGES, PLEASE COMPLETE THIS CLAIM FORM AND SUBMIT IT BY THE DEADLINE NOTED ABOVE.

IF YOU ARE THE BORROWER NAMED AT THE TOP OF THIS FORM, PLEASE PROVIDE YOUR PREFERRED TELEPHONE NUMBER AND MOVE ON TO THE VERIFICATION AT THE END OF THIS FORM.

1. Borrower(s)' Telephone Number _____

YOUR CLAIM MUST BE SUBMITTED BY [INSERT DATE]

IF YOU ARE:

- **THE REPRESENTATIVE OF THE BORROWER NAMED AT THE TOP OF THIS FORM, OR**
- **THE REPRESENTATIVE OF THE ESTATE OF THE BORROWER NAMED AT THE TOP OF THIS FORM, OR**
- **YOU INHERITED THE PROPERTY LISTED AT THE TOP OF THIS FORM FROM THE BORROWER NAMED AT THE TOP OF THIS FORM**

PLEASE COMPLETE THE BELOW INFORMATION, COMPLETE THE VERIFICATION AT THE END OF THIS FORM, AND SUBMIT AN IDENTITY VERIFICATION AS EXPLAINED IN THE ACCOMPANYING INSTRUCTIONS:

1. Claimant(s)' Name(s) _____

2. Claimant(s)' Current Address _____

3. Claimant(s)' Telephone Number _____

YOUR CLAIM MUST BE SUBMITTED BY [INSERT DATE]

VERIFICATION

- (1) During the time period described on the Instructions for this Claim Form, I was the Borrower, am the representative of a Borrower, or inherited property from a Borrower that was listed as an additional named insured or an insured under a lender-placed hazard or wind-only insurance policy issued by, subscribed by, or procured or obtained through Balboa Insurance Company, QBE Insurance Company, QBE FIRST Insurance Agency, Inc. n/k/a NGLS Insurance Services, Inc., MIC General Insurance Company, Seattle Specialty Insurance Services, Inc., Certain Underwriters at Lloyd's, London or Great Lakes Reinsurance (UK), PLC n/k/a Great Lakes Insurance SE for residential property secured by a reverse mortgage loan serviced by Financial Freedom (an "LPI Policy");
- (2) I was charged an LPI Policy premium by Financial Freedom;
- (3) The charge for the LPI Policy was not cancelled out in full after issuance; and
- (4) Since the issuance of the LPI Policy, my indebtedness on my residence secured by my security instrument has not been discharged in bankruptcy or otherwise extinguished.

I hereby declare (or certify, verify, or state) under penalty of perjury that the information provided by me on this Claim Form is true and correct.

Date: _____

(Signature of Borrower/Claimant)

(Signature of Co-Borrower/Co-Claimant)

Please MAIL THIS CLAIM FORM to the *Gray Financial Freedom Settlement Center, P.O. Box _____, _____, _____ - _____*, with a postmark of no later than _____, or, if a private mail carrier is used, a label reflecting that the mail date is no later than _____.